


CP 1641 \$

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GROUP 1800



Examiner: V. Portner

(11/98)

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	21	MINUS 34 =	0	x \$18.00 =	.00
Independent Claims	4	MINUS 4 =	0	x \$78.00 =	.00
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					.00

☒ A check in the amount of \$110.00 for the extension fee is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Leslie Mooi
Leslie A. Mooi,
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Date: November 24, 1998